

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553201

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
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70					1	
71					1	
72					1	
73					1	
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79					1	
80					1	
81					1	
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84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	101			/			151						
102				/			152						
103		/					153						
104				/			154						
105		/					155						
106		/					156						
107				/			157						
108		/					158						
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142							192						
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144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			53				TOTAL DEP.						
TOTAL CLAIMS			59				TOTAL CLAIMS						